

1 Wisconsin income tax

2000

Form **Complete form using BLUE or BLACK INK**

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning _____, 2000 ending _____, 20__.

Use label or print

Your last name	First name and middle initial	You must fill in your social security number
If a joint return, spouse's last name	First name and middle initial	You must fill in spouse's social security number
Home address (number and street)		Quick Refund Do you qualify? (see page 6) _____
City or post office	State Zip code	

<p>Filing status Check <input checked="" type="checkbox"/> only one box</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Married filing separate return. Fill in spouse's full name and social security number ▼ _____</p> <p><input type="checkbox"/> Head of household (with qualifying person) Fill in qualifying person's name ▼ _____</p>	<p>If you want \$1 to go to the State Election Campaign Fund, check <input checked="" type="checkbox"/> box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse <i>Checking the box(es) will not change your tax or refund.</i></p> <p>Check <input checked="" type="checkbox"/> proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2000.</p> <p><input type="checkbox"/> City } _____ <input type="checkbox"/> Village } _____ <input type="checkbox"/> Town } _____</p> <p>County of _____</p> <p>School district Fill in your school district number (see page 38) _____</p>
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See page 27 before assembling return

1 Federal adjusted gross income (see page 7)	1	_____
2 State and municipal interest (see page 7)	2	_____
3 Capital gain/loss addition (see page 8)	3	_____
4 Other additions (list) _____	4	_____
5 Add lines 1 through 4	5	_____
6 State tax refund (Form 1040, line 10) 6	6	_____
7 United States government interest 7	7	_____
8 Unemployment compensation (see page 9) 8	8	_____
9 Social security adjustment (see page 9) 9	9	_____
10 Capital gain/loss subtraction (see page 10) 10	10	_____
11 Other subtractions (list) _____	11	_____
12 Add lines 6 through 11	12	_____
13 Subtract line 12 from line 5. This is your Wisconsin income	13	_____

PAPER CLIP check or money order here





Name(s) shown on Form 1	Your social security number
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37 Amount from line 36 **37** _____ .

38 Wisconsin tax withheld. Attach withholding statements **38** _____ .

39 2000 estimated tax payments and amount applied from 1999 return **39** _____ .

40 Earned income credit. Qualifying children . . .
Federal credit . . . _____ x _____ % = . . . **40** _____ .

41 Farmland preservation credit. Attach Schedule FC . **41** _____ .

42 Net income tax paid to another state (see page 24) . **42** _____ .

43 Homestead credit. Attach Schedule H **43** _____ .

44 Farmland tax relief credit.
Property taxes on farmland . . _____ x .11 = **44** _____ .

45 Add lines 38 through 44 **45** _____ .

46 If line 45 is larger than line 37, subtract line 37 from line 45.
This is the **AMOUNT YOU OVERPAID** **46** _____ .

47 Amount of line 46 you want **REFUNDED TO YOU** **47** _____ .

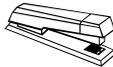
48 Amount of line 46 you want **APPLIED TO YOUR 2001 ESTIMATED TAX** . . . **48** _____ .

49 If line 45 is smaller than line 37, subtract line 45 from line 37. This is the **AMOUNT YOU OWE**. Paper clip payment to front of return **49** _____ .

50 Underpayment interest. Also include on line 49 . . . **50** _____ .

We N

I-010a



Assemble your return (including withholding statements and your federal income tax return and schedules) in the order listed on page 27.

Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone ()
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Mail your return to: Wisconsin Department of Revenue

If tax due PO Box 268, Madison WI 53790-0001

If refund or no tax due PO Box 59, Madison WI 53785-0001

If quick refund claimed PO Box 38, Madison WI 53787-0001

If homestead credit claimed PO Box 34, Madison WI 53786-0001

For Department Use Only

R	M	Y	T	MAN	D	A	P	C			
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Submit this page with Form 1 if you claim either credit.

Schedule 1 – Itemized Deduction Credit (see page 17)

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	_____	.
2	Interest paid from line 14, federal Schedule A. Do not include interest paid on a second home located outside Wisconsin or on a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities	2	_____	.
3	Gifts to charity from line 18, federal Schedule A. See instructions for exceptions	3	_____	.
4	Add lines 1 through 3	4	_____	.
5	Fill in your standard deduction from line 15 on page 2	5	_____	.
6	Subtract line 5 from line 4. If line 5 is more than line 4, fill in 0	6	_____	.
7	Rate of credit is .05 (5%)	7	_____	x .05
8	Multiply line 6 by line 7. Fill in here and on line 20 on page 2	8	_____	.

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE				
1	Taxable wages, salaries, tips, and other employe compensation. Do NOT enter interest, dividends, pensions, unemployment compensation, or other unearned income	1	_____	.	_____	.
2	Net profit or loss from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income (If a loss, put a negative sign – in the box to the left of the loss amount.)	2	_____	.	_____	.
3	Combine lines 1 and 2. This is earned income	3	_____	.	_____	.
4	Add amounts from your federal Form 1040, lines 23 and 29, plus repayment of supplemental unemployment benefits, employe expenses of qualified performing artists and fee-basis state or local government officials, and contributions to Section 501(c)(18) pension plans included in line 32, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	4	_____	.	_____	.
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5	_____	.	_____	.
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6	_____	.	_____	.
7	Rate of credit is .0275 (2.75%)	7	_____	x .0275	_____	.
8	Multiply line 6 by line 7. Fill in here and on line 28 on page 2	8	_____	.	_____	.

Do not fill in more than \$440.